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COVER LETTER

TO: Registration So Division of Con			
SUBJECT: Ki	ds Destinies L	nited Liability Company	· ·
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Elizabeth	VONWALD Name of Person	
		Firm/Company	
	3034 Elbih	Address	
	Saint Cloud lizvonmark	City/State and Zip Code @ gmail. Com to be used for future annual report noting	
For further information c	oncerning this matter, please c		near(n)
Elizabeth V			e Telephone Number
Enclosed is a check for th	e following amount:		
₹ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address		S	

Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

Kids Destinies	LLC	2022 JUN 21 PM 4: 06
(Name of the Limited Liabilit (A Florida	y Company as it now appears on Limited Liability Company)	OUT records TALLAHASSEE. FL
The Articles of Organization for this Limited Liability C	ompany were filed on <u>05</u>	27 2022 and assigned
Florida document number <u>L22000241₀430</u>	<u>_</u> .	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limi	ted liability company here:	
The new name must be distinguishable and contain the words "Lim	ited Liability Company," the design	ation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	***	
(Principal office address MUST BE A STREET ADDR	PESS)	· · · · · · · · · · · · · · · · · · ·
		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
		
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	l office address on our recor	ds, <u>enter the name of the new registered</u>
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida st	reet address
	== 12 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	, Florida
	City	Zip Code

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name Vonwald	<u>Address</u>	Type of Action
<u>MGR</u>	Elizabeth 4 Voorwood	3034 Elbib Dr	XAdd
		Saint Cloud F 34772	□Remove
			□Change
			□Remove
			□Change
			□Add
			□Remove
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Filing Fee: \$25.00